

GLOSSARY

Adult Care Home Personal Care (ACH/PC) covers adult care home personnel assisting residents who are eligible for Medicaid and Special Assistance for the Aged or Disabled (SAA or SAD) or Special Assistance for the Blind (SAB) with personal care tasks. Under ACH/PC, this assistance may include supervising and prompting a resident's self-performance of tasks, as well as providing hands-on and weight-bearing assistance when necessary. ACH/PC may be billed at the Basic per diem rate, W8251 or W8258, depending on the number of licensed beds, for any eligible resident. Medication administration is included in the applicable Basic rate. There are also four "enhanced" per diem rates that may be billed for a "heavy care" resident when authorized by an ACH/CMS case manager.

Adult Care Home Case Management Services (ACH/CMS) is a group of interrelated activities under which responsibility for locating, arranging, coordinating, and monitoring the provision of Medicaid-covered services for a "heavy care" resident in an adult care home belongs to a specific party, the ACH/CMS case manager.

Activities of Daily Living (ADLs) are basic functional skills an individual ordinarily does for himself, such as eating, toileting, bathing, dressing, ambulation/locomotion, and transferring.

Advance Directive is a set of directions you give about the health care you would want if you ever lose the ability to make decisions for yourself. In North Carolina you may make a formal advance directive in three ways. One way is called a "living will"; another is called a "health care power of attorney"; and another is called an "advance instruction for mental health treatment."

Ambulation/Locomotion is how the resident moves, either walking or wheeling, inside or outside the home. It does **not** include any set-up help the resident may receive, such as handing the resident a cane, bringing the resident a walker or wheelchair, or locking the wheels on a wheelchair. It does **not** include transferring.

Authorizing Enhanced ACH/PC coverage means the process of evaluating and approving a referred potential heavy care resident's eligibility for "Enhanced" ACH/PC coverage. If the potential heavy care resident is determined to be eligible, then the case manager "authorizes" Enhanced ACH/PC payments to the adult care home provider.

Basic Adult Care Home Personal Care (ACH/PC) Payment is a fixed daily rate paid to a Medicaid-enrolled adult care home for the provision of routine personal care to Special Assistance/Medicaid eligible residents. Basic ACH/PC is paid at two rates based on the size of the facility (number of licensed beds in the facility). There is one rate for facilities with less than thirty-one total licensed beds and a separate rate for facilities with thirty-one or more total licensed beds. The Basic ACH/PC rate is listed in Appendix I.

Care Plan identifies and documents the adult care home's responsibility for meeting the personal care needs of a resident. The care plan is based on an assessment by the adult care home of the resident's abilities, functional limitations, and personal care needs.

Disenfranchised Residents have income above the current eligibility limits for Special Assistance for the Aged or Disabled (SAA and SAD, respectively) or Special Assistance for the Blind (SAB). These adult care home residents were "grandfathered" into the new system of adult care home reimbursement rate setting enacted August 1995. These individuals were receiving SA at the time and their cases would have been terminated due to excess income. Instead, a provision in the legislation allowed for their continued eligibility for SAA, SAD, or SAB payments at the rates that were in effect for July 1995. A disenfranchised resident's eligibility for SAA, SAD, or SAB payments and Medicaid coverage for health-related services such as hospitalization, prescription drugs, medical equipment, and Non-Emergency Medically Necessary Transportation (NEMNT) will continue as long as the individual remains in an adult care home and: (a) the individual's case is not terminated, (b) the individual's total countable monthly income does not exceed the July 1995 limit for the appropriate ambulatory capacity, and (c) the individual continues to meet all other SA eligibility requirements.

Normally, a disenfranchised resident is not eligible for ACH/PC (Basic, Enhanced, or Therapeutic Leave payments) or ACH/CMS coverage. However, a disenfranchised resident's status may change from time to time due to either: (a) a change in the current SA income eligibility limit, or (b) a change in the individual's income. If at such times, the individual's total countable monthly income falls below the current SA income eligibility limit, the individual will become eligible for the current SA payment rate and may become eligible for ACH/PC and ACH/CMS. This status would continue until the individual's income once again exceeds the current SA income eligibility limit, at which time the individual is again "disenfranchised" and ineligible for ACH/PC and ACH/CMS.

Changes in the SA income eligibility limit generally occur in July or August of each year. Changes in an individual's income can occur at any time, but income from Social Security (RSDI) or SSI payments generally increases each January with an increase in the Cost of Living Allowance (COLA). Facilities should monitor a disenfranchised resident's status closely.

Eating is how the resident drinks and gets food from the plate to his/her mouth. It also includes receiving nourishment by tube feedings or intravenous means. It does not include any set-up help the resident may receive, such as opening containers and cartons, preparing food, or cutting up food. The skills used by the resident in eating, such as eating only finger food instead of using a fork, using only one implement, or being neat or messy, are not considered in assessing the resident's performance and need for assistance.

"Enhanced" Adult Care Home Personal Care (ACH/PC) Payments are four fixed daily rates that may be paid to a Medicaid-enrolled adult care home for the provision of personal care assistance to heavy care residents (see definition of heavy care resident below). Authorization to receive an Enhanced ACH/PC payment by an ACH/CMS case manager is required. The four Enhanced ACH/PC rates are listed in Appendix I.

Extensive Assistance means the resident can perform part of the activity for him/herself. The resident also requires either weight-bearing support from staff three or more times in a week, or a staff member to perform the task for him/her (three or more times) during part (but not all) of the week.

Heavy Care Resident is a resident of an adult care home who, according to Medicaid criteria, needs extensive assistance or is totally dependent on another person for eating, toileting, and/or ambulation/locomotion, and whose eligibility has been verified by a qualified ACH/CMS case manager. A more detailed explanation is in Section 8 of this manual.

Independent means the resident performs the activity without help, or may require minimal supervision or assistance only once or twice during a week.

Licensure Rules are the regulations in the North Carolina Administrative Code under which an adult care home is licensed and approved to operate. These rules govern the operation of the home, admission and discharge of residents, and provision of care for residents. The Division of Facility Services (DFS) directs the development and revision of rules for licensing facilities under G.S. 131D and G.S.131E in North Carolina and policies and procedures affecting the regulation of these homes; licenses these facilities; enforces and interprets the licensure rules and Residents' Bill of Rights; and provides consultation, technical assistance, and training as needed to facilities and county departments of social services. DFS also approves training and competency evaluation programs for meeting the requirements for staff qualifications of G.S.131D adult care homes licensure and G.S.131E licensure for combination nursing facilities with adult care home beds. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) also establishes and enforces programmatic standards for facilities licensed under G.S.122C, including requirements for admissions, discharges, staff qualifications, administering medications and treatments, and structural factors. DMH/DD/SAS also evaluates and certifies training and competency evaluation programs for meeting the requirements for staff qualifications of G.S.122C area mental health facility licensure.

Limited Assistance means the resident is highly involved in performing the activity for himself. The resident also requires help from staff in guided maneuvering of limbs or other non-weight-bearing assistance three or more times during a week, or limited assistance plus more physical assistance only once or twice during a week.

Payment Rate is the amount paid by Medicaid to enrolled adult care homes for providing services to residents. Rates apply statewide and remain in effect until changed by the Department of Health and Human Services.

Service Plan identifies and documents the mutual responsibilities of the ACH/CMS case manager, heavy care resident, adult care home, family and significant others for meeting the health and social service needs of the heavy care resident. The service plan is based on the ACH/CMS case manager's assessment of the heavy care resident's level of functioning and allows all responsible parties to track progress toward meeting the heavy care resident's goals.

Significant Change in a resident's condition means any deterioration, decline, or change in a resident's health and well-being which requires an adult care home to complete a functional reassessment of a resident to determine his current level of functioning and need for alteration of the adult care home's care plan. A significant change in a resident's condition is one or more of the following:

- ◆ deterioration in two or more activities of daily living;
- ◆ change in the ability to walk or transfer;
- ◆ change in the ability to use one's hands to grasp small objects;
- ◆ deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic;
- ◆ no response by the resident to the treatment for an identified problem;
- ◆ initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or ten percent weight loss or gain within a 6-month period;
- ◆ threat to life such as stroke, heart condition, or metastatic cancer;
- ◆ emergence of a pressure ulcer at Stage II or higher;
- ◆ a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being over a prolonged period of time such as initial diagnosis of Alzheimer's disease or diabetes;
- ◆ improved behavior, mood, or functional health status to the extent that the established plan of care no longer matches what is needed;
- ◆ new onset of impaired decision-making;
- ◆ continence to incontinence or indwelling catheter; or
- ◆ the resident's condition indicates there may be a need to use a restraint and there is no current restraint for the resident.

Significant change is **not** any of the following:

- ◆ Changes that suggest slight upward or downward movement in the resident's status;
- ◆ short-term changes that resolve with or without intervention;
- ◆ changes that arise from easily reversible causes;
- ◆ a short-term acute illness or episodic event;
- ◆ a well-established, predictive, cyclical pattern;
- ◆ steady improvement under the current course of care.

Special Assistance for the Aged (SAA) is the financial assistance program which helps eligible individuals pay for the cost of care in a licensed adult care home. The Special Assistance payment rate can be revised annually by the General Assembly. Applications for SAA are available at the county department of social services.

Supervision means the resident can perform the activity when a staff member provides oversight, encouragement, and prompting, or with supervision plus some physical assistance only once or twice during a week.

Therapeutic Leave allows the resident time away from the adult care home to be with family members or significant others, while reserving the resident's bed in the home. A resident may take therapeutic leave from the adult care home as often as desired and according to the rules in the North Carolina Administrative Code under which the facility is licensed. An adult care home may not limit Medicaid residents to taking only therapeutic leave days that are covered by and billable to Medicaid.

Toileting is how the resident uses the toilet room, commode, bedpan, or urinal; transfers on and off the toilet; cleans perineum; changes pads; manages a catheter or ostomy; and adjusts clothing after toileting. It does not include any set-up help the resident may receive, such as how the resident gets to the toilet room or supplying toilet paper or incontinence pads.

Totally Dependent means that a staff member must complete the task for the resident at all times.

Wraparound Program provides funding to Area Mental Health Programs for purchasing needed supplemental supports for certain residents of Adult Care Homes licensed under G.S. 131D (Family Care Homes, Homes for the Aged, or Developmentally Disabled Adult (DDA) Group Homes). The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) administers the Wraparound Program and distributes these funds.